Agency Name Adair County Schools Street Address 1204 Greensburg St City, State Zip Columbia, KY 42728 DUNS# 170128839 8 Method of Payment: Federal Cash Request	
City, State Zip Columbia, KY 42728 DUNS# 170128839 8 Method of Payment:	
DUNS# 170128839 8 Method of Payment:	
DUNS# 170128839 8 Method of Payment:	
2 KDE Contact Information: Federal Cash Request	
Program Consultant Monica Shack (502) 564-3791 ext. 4052 Expenditure Reimbursement	
Amber Skaggs (502) 564-3791 ext. 4035	
Street Address 300 Sower Boulevard, 5 th Floor Automatic Payment	
Budget Contact Thelma Hawkins (502) 564-1979 ext. 4361 Lump Sum	
Street Address 300 Sower Boulevard, 5 th Floor Receipt of Invoice from Vendor	
City, KY Zip Frankfort, KY 40601	
9 Reimbursement Frequency:	
3 Description/Fund Source of Award and Fiscal Year:	
Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Quarterly	
Fund Source Title I Part D, Subpart 2 Neglected & Delinquent Other	
CFDA# 84.010A	
PR/AWARD NUMBER (FAIN) S010A160017	
MUNIS Project Number 314C 10 Financial Reporting Method:	
MOA Number N/A Electronic Submission CDIP	
Pass-through Number 310 <mark>0102-16</mark>	
Other Design of the Control of the C	
4 Grant Authority (Source): NCLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the	
Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,	
77, 81 and 82, and the <u>Uniform Administrative Requirements, Cost Principles, and Audit</u>	
Requirements for Federal Awards in 2 CFR Part 200 and 3474.	
Commonwealth	
5 Award Amount: 11 Evaluations:	
\$36,393.00	
6 Period of Award:	
July 1, 2016 – September 30, 2018	
12 Consortia/Partnership Members:	
Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018. The final Federal Cash Request must be submitted.	d by
December 7, 2018.	
14 Authorized By (Name/Title): Donna Tackett, Interim Director Date: November 18, 2016	
Division of Consolidated Plans & Audits	

1	Name and Address of Recipi	ent:	7	Fund Type:
	Agency Name Bowling	g Green Independent Schools		State
	Street Address 1211 Ce	enter St	1	Federal
	City, State Zip Bowling	enter St g Green, KY 42101		Other:
	DUNS# 059838	557		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	C	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	** '	Ciliidi Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent	1	Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3100102-16		
				Other
4	Grant Authority (Source): N	CLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the		
		ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	77, 81 and 82, and the <u>Unifo</u>	rm Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Av	vards in 2 CFR Part 200 and 3474.	00	1+b
		Commonw	La.	Ш
5	Award Amount:		11	Evaluations:
	\$72,785.00			
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Mem		-4	
13		ons: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	- q Ca		
14	Authorized By (Name/Title)			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of	of Recipient:	7	Fund Type:
	Agency Name	Boyd County Schools		State
	Street Address	1104 Bob McCullough Dr	1	□ Federal
	City, State Zip	Ashland, KY 41102		Other:
	DUNS#	195947411	-	
			8	Method of Payment:
2	KDE Contact Informa	ation:		Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Expenditure Reimbursement
		Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Office City	9	Reimbursement Frequency:
3	Description/Fund So	ource of Award and Fiscal Year:		Monthly
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER	R (FAIN) S010A160017		
	MUNIS Project Numb	ber 314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	er 310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Sou	urce): NCLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the		
	Education Departme	ent General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		he <u>Uniform Administrative Requirements, Cost Principles, and Audit</u>		
	Requirements for Fe	deral Awards in 2 CFR Part 200 and 3474.	20	1+h
		Committee	a	ui _
5	Award Amount:		11	Evaluations:
	\$147,303.00			
6	Period of Award:			
	July 1, 2016 – Septer			
12	Consortia/Partnersh		-4	
13		Conditions: All funds must be spent or encumbered by September	30, 201	The final Federal Cash Request must be submitted by
	December 7, 2018.	400		
14	Authorized By (Nam			Date: November 18, 2016
1		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Breath	nitt County Schools		State
	Street Address PO Bo	x 750	-1	Federal
	City, State Zip Jackso	x 750 n, KY 41339		Other:
	DUNS# 12328	7682		10
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
		Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source o	f Award and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN) S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3100102-16		
				Other
4	Grant Authority (Source):	NCLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
		eral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		orm Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal A	wards in 2 CFR Part 200 and 3474.	00	1+6
		Commonw	La.	Ш
5	Award Amount:		11	Evaluations:
	\$69,319.00			
6	Period of Award:			
	July 1, 2016 – September 30			
12	Consortia/Partnership Mer		-4	
13		tions: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	a Ca		
14	Authorized By (Name/Title			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Christia	n County Schools		State
	Street Address PO Box	609	1	Federal
	City, State Zip Hopkins	609 ville, KY 42241		Other:
	DUNS# 079674	529	-	16
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	G	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	" 1	Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Source): N	CL <mark>B Title I, Part D, Su</mark> bpart 2, <u>34 CFR PART 200</u> and the		
	Education Department Gener	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	rards in 2 CFR Part 200 and 3474.	00	th A
		Committee	Jai	LIII /
5	Award Amount:		11	Evaluations:
	\$60,654.00			
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Mem		-4	
13		ons: All funds must be spent or encumbered by September	30, 201	The final Federal Cash Request must be submitted by
	December 7, 2018.	400		
14	Authorized By (Name/Title):			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

Str	reet Address R	linton County Schools t 4 Box 100 Hwy 127		State
		t 4 Box 100 Hwy 127		
C:t-	ty State 7in A	C + BOX 100 HWy 127	1	Federal
City	ty, State Zip	t 4 Box 100 Hwy 127 Ibany, KY 42602		Other:
DU	JNS# C	82318049	7	
			8	Method of Payment:
2 KD	DE Contact Informat	ion:		Federal Cash Request Expenditure Reimbursement
Pro	ogram Consultant	Monica Shack (502) 564-3791 ext. 4052		Expenditure Reimbursement
		Amber Skaggs (502) 564-3791 ext. 4035		
	reet Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	idget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
Str	reet Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
City	ty, KY Zip	Frankfort, KY 40601		
		Cimai Cit,	9	Reimbursement Frequency:
3 Des	escription/Fund Sou	rce of Award and Fiscal Year:		Monthly
	escription	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Quarterly
Fur	ınd Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
CFI	DA#	84.010A		
PR/	R/AWARD NUMBER	FAIN) S010A160017		
MU	UNIS Project Numbe		10	Financial Reporting Method:
MC	OA Number	N/A		Electronic Submission CDIP
Pas	iss-through Number	310 <mark>0102-16</mark>		
				Other
		ce): NCLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
	•	t General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		<u>Uniform Administrative Requirements, Cost Principles, and Audit</u>		
Red	equirements for Fed	eral Awards in 2 CFR Part 200 and 3474.	eal	th A
5 Aw	ward Amount:		11	Evaluations:
\$13	.33,439.00			
6 Per	eriod of Award:			
July	ly 1, 2016 – Septem	per 30, 2018		
12 Co	nsortia/Partnership	Members:	-4	
		onditions: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	ecember 7, 2018.	-400		
14 Au	uthorized By (Name			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Daviess	County Schools		State
	Street Address PO Box	21510	1	Federal
	City, State Zip Owensl	21510 poro, KY 42304		Other:
	DUNS# 077868	156	-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	C	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Source): N	CLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the		
	Education Department Gene	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		rm Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Av	vards in 2 CFR Part 200 and 3474.	00	lth
		Committee	Jai	LIII
5	Award Amount:		11	Evaluations:
	\$84,916.00			
6	Period of Award:			
	July 1, 2016 – September 30			
12	Consortia/Partnership Mem		-4	
13		ons: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	- aca		
14	Authorized By (Name/Title)			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fayette	County Schools	1000	State
	Street Address 1126 Ru	ussell Cave Road	1	Federal
	City, State Zip Lexingto	on, KY 40505		Other:
	DUNS# 079676	854	-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
		Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3100102-16		
				Other
	Curant Authority (Course)	CLD Title I Port D. Culorest 2, 24 CED DADT 200 and the		
4		CLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	•	rm Administrative Regulations (EDGAR) in 34 CFR PARTS 76, rm Administrative Regulrements, Cost Principles, and Audit		
		wards in 2 CFR Part 200 and 3474.		1.1
	Requirements for Federal Av	valus III z CFR Fait 200 aliu 3474.	ea	th American
5	Award Amount:		11	Evaluations:
	\$142,104.00			
6	Period of Award:			
	July 1, 2016 – September 30,	2018		
12	Consortia/Partnership Mem	bers:	LA	
13		ons: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	7.4.00		
14	Authorized By (Name/Title):			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Hardin	County Schools		State
	Street Address 65 W A	Jenkins Rd	-12	Federal
	City, State Zip Elizabe	Jenkins Rd hthtown, KY 42701		Other:
	DUNS# 040426	5629	1	/6
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	C	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Source): N	NCLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
	Education Department Gene	eral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		orm Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Av	wards in 2 CFR Part 200 and 3474.	00	1+b
		Committee	vai	Ш
5	Award Amount:		11	Evaluations:
	\$155,968.00			
6	Period of Award:			
	July 1, 2016 – September 30			
12	Consortia/Partnership Men		44	
13		ions: All funds must be spent or encumbered by September	r 30, 20 1	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	400		
14	Authorized By (Name/Title)			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Jac	kson County Schools		State
	Street Address PO	Box 217	1	Federal
	City, State Zip Mo	Box 217 Kee, KY 40447		Other:
	DUNS# 119	9105641	-	
			8	Method of Payment:
2	KDE Contact Informatio	n:		Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
		Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	,, ,	Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source	e of Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (F			
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
	_			Other
	Court Authority (Court	A NCID Title I Book D. Culturant 2, 24 CED DADT 200 and the		
4		e): NCLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	-	Iniform Administrative Regulations (EDGAR) in 34 CFR PARTS 76,		
		al Awards in 2 CFR Part 200 and 3474.		1.1
	requirements for reden	on Wo	ea	th American
5	Award Amount:		11	Evaluations:
	\$34,660.00			
6	Period of Award:			
	July 1, 2016 – Septembe	r 30, 2018		
12	Consortia/Partnership I		-4	
13		nditions: All funds must be spent or encumbered by September	30, 201	8. The final Federal Cash Request must be submitted by
	December 7, 2018.	-900		
14	Authorized By (Name/T			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Jefferso	on County Schools		State
	Street Address PO Box	34020	1	Federal
	City, State Zip Louisvil	34020 le, KY 40232		Other:
	DUNS# 062984	430		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	G	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	** '	Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent	1	Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3100102-16		
				Other
4	Grant Authority (Source): N	ICLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the	-	
7		ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	· ·	rm Administrative Requirements, Cost Principles, and Audit		
		vards in 2 CFR Part 200 and 3474.		141
		Commonw	ca.	tn /
5	Award Amount:		11	Evaluations:
	\$289,407.00			
6	Period of Award:			
	July 1, 2016 – September 30	, 2018		
12	Consortia/Partnership Mem		-4	
13		ons: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	- q C a		
14	Authorized By (Name/Title)			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:			Fund Type:
	Agency Name Knox Co	ounty Schools		State
	Street Address 200 Dar	niel Boone Dr	1	Federal
	City, State Zip Barbou	niel Boone Dr rville, KY 40906		Other:
	DUNS# 793369	471	-	/6
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	C	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>	L	
				Other
4	Grant Authority (Source): N	CLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
	Education Department Gene	ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		rm Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	vards in 2 CFR Part 200 and 3474.	00	lth
		Committee	a	LIII
5	Award Amount:		11	Evaluations:
	\$98,780.00		5.42	
6	Period of Award:			
	July 1, 2016 – September 30,			
12	Consortia/Partnership Mem		-4	
13		ons: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	400		
14	Authorized By (Name/Title):			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:	
	Agency Name McCracl	ken County Schools		State	
	Street Address 435 Ber	ger Rd	1	□ Federal	
	City, State Zip Paducal	ger Rd n, KY 42001		Other:	
	DUNS# 1593524	142	-	/6	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement	
		Amber Skaggs (502) 564-3791 ext. 4035			
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment	
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum	
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
	Sity, it is	Cilliui Cii,	9	Reimbursement Frequency:	
3	Description/Fund Source of	Award and Fiscal Year:			
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Quarterly	
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly Other	
	CFDA#	84.010A			
	PR/AWARD NUMBER (FAIN)	S010A160017			
	MUNIS Project Number	314C	10	Financial Reporting Method:	
	MOA Number	N/A		Electronic Submission CDIP	
	Pass-through Number	3100102-16			
	3			Other	
4		CLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the			
		ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,			
		m Administrative Requirements, Cost Principles, and Audit			
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	P.A	th American	
5	Award Amount:	O O Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	11	Evaluations:	
3	\$76,251.00		11	Evaluations.	
6	Period of Award:		-		
0		2019			
12	July 1, 2016 – September 30, 2018 Consortia/Partnership Members:				
13		ons: All funds must be spent or encumbered by September	30 201	18. The final Federal Cach Request must be submitted by	
13	December 7, 2018.	Air fullus must be spent of encumbered by september	30, 201	to. The final rederal cash nequest must be submitted by	
14	Authorized By (Name/Title):	Donna Tackett, Interim Director	A STATE OF THE STA	Date: November 18, 2016	
	, , , , , , , , , , , ,	Division of Consolidated Plans & Audits		<i>,</i>	

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Middlesl	poro Independent Schools		State
	Street Address PO Box 9	959	1	Federal
	City, State Zip Middlesl	959 poro, KY 40965 PAT		Other:
	DUNS# 1000276	22	-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	G	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	" 1	Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	ward and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3100102-16		
				Other
4	Grant Authority (Source): NO	CLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
		al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	77, 81 and 82, and the Unifor	m Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	00	1+6
		Commonw	cal	Ш
5	Award Amount:		11	Evaluations:
	\$3,466.00		5.42	
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership Memb		-4	
13		ns: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	a Ca		
14	Authorized By (Name/Title):	Donna Tackett, Interim Director		Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Montgo	mery County Schools		State
	Street Address 700 Wo	odford Drive	1	Federal
	City, State Zip Mount	odford Drive Sterling, KY 40353		Other:
	DUNS# 030954	341	-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	G	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	513 // 111 E.P	Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	3100102-16		
	<u>-</u>			Other
	Current Austhority (Course) N	CIR Title I Port D. Culturant 2, 24 CER RAPT 200 and the		
4		CLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the ral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	•	rm Administrative Regulations (EDGAR) in 34 CFR PARTS 76, rm Administrative Requirements, Cost Principles, and Audit		
		vards in 2 CFR Part 200 and 3474.		1.1
	Requirements for Federal Av	monw	ea	th American
5	Award Amount:		11	Evaluations:
	\$76,251.00			
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership Mem		-4	
13		ons: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	400		
14	Authorized By (Name/Title):			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

Agency Name Newport Independent Schools Street Address 301 E Eighth St City, State Zip Newport, KY 41071 DUNS# 060919560 **ROE Contact Information:** Program Consultant Monica Shack (502) 564-3791 ext. 4052 Amber Skaggs (502) 564-3791 ext. 4035 Street Address 300 Sower Boulevard, 5™ Floor Budget Contact Thelma Hawkins (502) 564-379 ext. 4361 Street Address 300 Sower Boulevard, 5™ Floor City, KY Zip Frankfort, KY 40601 **Description Fy17 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 **Grant Authority (Source): NCLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the** State Federal Other: Other: Other: Automatic Payment Lump Sum Receipt of Invoice from Vendor Quarterly Quarterly Other	1	Name and Address of Recipient:		7	Fund Type:
City, State Zip Newport, KY 41071 DUNS# 060919560 **ROBE Contact Information: Program Consultant Monica Shack (502) 564-3791 ext. 4052 Amber Skaggs (502) 564-3791 ext. 4035 Street Address 300 Sower Boulevard, 5th Floor Budget Contact Thelma Hawkins (502) 564-1979 ext. 4361 Street Address 300 Sower Boulevard, 5th Floor City, KY Zip Frankfort, KY 40601 **Bescription/Fund Source of Award and Fiscal Year: Description F117 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglect		Agency Name Nev	vport Independent Schools		
DUNS# 060919560 8 Method of Payment: Federal Cash Request Federal Cash Request Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement		Street Address 301	E Eighth St	1	Federal
DUNS# 060919560 8 Method of Payment: Federal Cash Request Federal Cash Request Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement Expenditure Reimbursement		City, State Zip Nev	vport, KY 41071		Other:
Z KDE Contact Information: Program Consultant Monica Shack (502) 564-3791 ext. 4052 Amber Skaggs (502) 564-3791 ext. 4035 Street Address 300 Sower Boulevard, 5 th Floor Street Address 300 Sower Boulevard, 5 th Floor City, KY Zip Frankfort, KY 40601 Frankfort, KY 40601 Pscription FY17 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Monthly CIPP CIPP		DUNS# 060	919560		
Amber Skaggs (502) 564-3791 ext. 4035 Street Address 300 Sower Boulevard, 5 th Floor Budget Contact Thelma Hawkins (502) 564-1979 ext. 4361 Street Address 300 Sower Boulevard, 5 th Floor City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Fund Source Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Automatic Payment Lump Sum Receipt of Invoice from Vendor Reimbursement Frequency: Monthly Quarterly Quarterly Other Financial Reporting Method: Electronic Submission CDIP Other				8	Method of Payment:
Amber Skaggs (502) 564-3791 ext. 4035 Street Address 300 Sower Boulevard, 5 th Floor Budget Contact Thelma Hawkins (502) 564-1979 ext. 4361 Street Address 300 Sower Boulevard, 5 th Floor City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Fund Source Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Automatic Payment Lump Sum Receipt of Invoice from Vendor Reimbursement Frequency: Monthly Quarterly Quarterly Other Financial Reporting Method: Electronic Submission CDIP Other	2	KDE Contact Information	1:		Federal Cash Request
Street Address 300 Sower Boulevard, 5 th Floor Budget Contact Thelma Hawkins (502) 564-1979 ext. 4361 Street Address 300 Sower Boulevard, 5 th Floor City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Street Address 300 Sower Boulevard, 5 th Floor Lump Sum Receipt of Invoice from Vendor Receipt of Invoice from Vendor Quarterly Quarterly Other 10 Financial Reporting Method: Electronic Submission CDIP Other		Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Expenditure Reimbursement
Budget Contact Street Address 300 Sower Boulevard, 5 th Floor City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year: Description Fund Source CFDA# PR/AWARD NUMBER (FAIN) MOA Number MOA Number Pass-through Number Thelma Hawkins (502) 564-1979 ext. 4361 Budget Contact Thelma Hawkins (502) 564-1979 ext. 4361 Budget Contact Budget Budg			Amber Skaggs (502) 564-3791 ext. 4035		
Street Address 300 Sower Boulevard, 5 th Floor City, KY Zip Frankfort, KY 40601 Description/Fund Source of Award and Fiscal Year:		Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
City, KY Zip Frankfort, KY 40601 3 Description/Fund Source of Award and Fiscal Year: Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Monthly Quarterly Other		Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
3 Description/Fund Source of Award and Fiscal Year: Description Fund Source CFDA# PR/AWARD NUMBER (FAIN) Title I Part D, Subpart 2 Neglected & Delinquent CFDA# NOA Number Pass-through Number Side A Side		Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
3 Description/Fund Source of Award and Fiscal Year: Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Selectronic Submission CDIP Other		City, KY Zip	Frankfort, KY 40601		
Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Description Cuparterly Dother Other Other			Cilifui Cii,	9	Reimbursement Frequency:
Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Fund Source Title I Part D, Subpart 2 Neglected & Delinquent CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Description FY17 Title I Part D, Subpart 2 Neglected & Delinquent Description Cuparterly Dother Other Other	3	Description/Fund Source	e of Award and Fiscal Year:		Monthly
CFDA# 84.010A PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Other		Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		
PR/AWARD NUMBER (FAIN) S010A160017 MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Diffinancial Reporting Method: □ Electronic Submission CDIP □ Other		Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
MUNIS Project Number 314C MOA Number N/A Pass-through Number 3100102-16 Time state of the state		CFDA#	84.010A		
MOA Number Pass-through Number 3100102-16 Other		PR/AWARD NUMBER (FA	IN) S010A160017		
Pass-through Number 3100102-16		MUNIS Project Number	314C	10	Financial Reporting Method:
□ Other		MOA Number	N/A		Electronic Submission CDIP
		Pass-through Number	310 <mark>0102-16</mark>		
4 Grant Authority (Source): NCLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the					Other
	4	Grant Authority (Source	: NCLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
Education Department General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		Education Department G	eneral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
77, 81 and 82, and the <u>Uniform Administrative Requirements, Cost Principles, and Audit</u>		77, 81 and 82, and the <u>U</u>	niform Administrative Requirements, Cost Principles, and Audit		
Requirements for Federal Awards in 2 CFR Part 200 and 3474.		Requirements for Federa	l Awards in 2 CFR Part 200 and 3474.	00	1+b
Commonwealth			Commonw	a	LII
5 Award Amount: 11 Evaluations:	5	Award Amount:		11	Evaluations:
\$65,853.00		\$65,853.00			
6 Period of Award:	6	Period of Award:			
July 1, 2016 – September 30, 2018					
12 Consortia/Partnership Members:	12	Consortia/Partnership N	lembers:	LA	
Special Instructions/Conditions: All funds must be spent or encumbered by September 30, 2018. The final Federal Cash Request must be submitted by	13		ditions: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
December 7, 2018.			- aca		
14 Authorized By (Name/Title): Donna Tackett, Interim Director Date: November 18, 2016	14	Authorized By (Name/Ti	•		Date: November 18, 2016
Division of Consolidated Plans & Audits			Division of Consolidated Plans & Audits		

1	Name and Address of Reci	pient:	7	Fund Type:
	Agency Name Owen	sboro Independent Schools		State
	Street Address 450 G	riffith Avenue	1	Federal
	City, State Zip Owen	riffith Avenue asboro, KY 42302		Other:
	DUNS# 10213	38625		
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	G	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	11	Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Source	of Award and Fiscal Year:		· 1
	Description	FY17 Title Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent	1	Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN	N) S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Source):	NCLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
	Education Department Ger	neral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		form Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal A	Awards in 2 CFR Part 200 and 3474.	00	lth Aller
		Commonw	val	LII
5	Award Amount:		11	Evaluations:
	\$24,461.00			
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership Me		-4	
13		tions: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	400		
14	Authorized By (Name/Title			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name F	Pulaski County Schools		State
	Street Address F	PO Box 1055	1	Federal
	City, State Zip	PO Box 1055 Somerset, KY 42502		Other:
	DUNS#	788959591	-	
			8	Method of Payment:
2	KDE Contact Informat	tion:		Federal Cash Request Expenditure Reimbursement
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Expenditure Reimbursement
		Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Sou	rce of Award and Fiscal Year:		Monthly
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER	(FAIN) S010A160017		
	MUNIS Project Number	er 314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Sou	rce): NCLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the		
		t General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	•	e Uniform Administrative Requirements, Cost Principles, and Audit		
		eral Awards in 2 CFR Part 200 and 3474.	00	1+1
		Commonwe	d	LII /
5	Award Amount:		11	Evaluations:
	\$100,513.00			
6	Period of Award:			
	July 1, 2016 – Septem	ber 30, 2018		
12	Consortia/Partnershi	p Members:	-4	
13		Conditions: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	-400		
14	Authorized By (Name			Date: November 18, 2016
		Division of Consolidated Plans & Audits		
		Division of Consolidated Plans & Audits		

1	Name and Address of Recip	ient:	7	Fund Type:
	Agency Name Racela	nd Independent Schools		State
	Street Address 600 Ra	m Blvd	17	Federal
	City, State Zip Racelai	m Blvd nd, KY 41169		Other:
	DUNS# 052135	5233	-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	G	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Ciliful Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)			
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Source): N	NCLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the	-	
		eral Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	77, 81 and 82, and the Unif c	orm Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Av	wards in 2 CFR Part 200 and 3474.	00	1+b
		Commonw	Jai	Ш
5	Award Amount:		11	Evaluations:
	\$34,660.00			
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership Men		-4	
13		ions: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	400		
14	Authorized By (Name/Title)			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Ro	ecipient:	7	Fund Type:
	Agency Name Rov	wan County Schools	No.	State
	Street Address 121	1 E Second St	1	Federal
	City, State Zip Mo	1 E Second St prehead, KY 40351		Other:
	DUNS# 008	3482119	-	
			8	Method of Payment:
2	KDE Contact Informatio	n:		Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	J	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	,, ,	Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Sourc	e of Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FA	AIN) S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
	,			Other
4	Grant Authority (Source	e): NCLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
	Education Department G	General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		Iniform Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federa	al Awards in 2 CFR Part 200 and 3474.	20	1+6
		Committee	a	LIII
5	Award Amount:		11	Evaluations:
	\$20,796.00			
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership N		-4	
13		nditions: All funds must be spent or encumbered by September	30, 201	8. The final Federal Cash Request must be submitted by
	December 7, 2018.	-900		
14	Authorized By (Name/T			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipie	ent:	7	Fund Type:
	Agency Name Warren	County Schools		State
	Street Address PO Box 5	51810	1	Federal
	City, State Zip Bowling	Green, KY 42102 CPAn		Other:
	DUNS# 0861943	370	-	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	G	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	"	Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of A	Award and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>	L	
				Other
4	Grant Authority (Source): NO	CLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
	Education Department Gener	al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		m Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	00	1+b
		Committee	Jai	LIII /
5	Award Amount:		11	Evaluations:
	\$27,728.00			
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership Memb		-4	
13		ns: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	-97000		
14	Authorized By (Name/Title):			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Wayne	County Schools	100	State
	Street Address 1025 Ma	ain St	1	Federal
	City, State Zip Montice	ain St ello, KY 42633		Other:
	DUNS# 0487753	159	3	
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
		Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	"	Cilifui Cit,	9	Reimbursement Frequency:
3	Description/Fund Source of	Award and Fiscal Year:		<u> </u>
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (FAIN)	S010A160017		
	MUNIS Project Number	314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Source): No	CLB Title I, Part D, Subpart 2, <u>34 CFR PART 200</u> and the		
		al Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
	77, 81 and 82, and the Unifor	m Administrative Requirements, Cost Principles, and Audit		
	Requirements for Federal Aw	ards in 2 CFR Part 200 and 3474.	00	1+b
		Commonw	d	Ш
5	Award Amount:		11	Evaluations:
	\$79,717.00			
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership Mem		-4	
13		ons: All funds must be spent or encumbered by September	30, 201	18. The final Federal Cash Request must be submitted by
	December 7, 2018.	- G-CG		
14	Authorized By (Name/Title):			Date: November 18, 2016
		Division of Consolidated Plans & Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name W	oodford County Schools		State
	Street Address 33	30 Pisgah Pk	1	Federal
	City, State Zip Ve	30 Pisgah Pk ersailles, KY 40383		Other:
	DUNS# 18	39489057	-	
			8	Method of Payment:
2	KDE Contact Informati	on:		Federal Cash Request
	Program Consultant	Monica Shack (502) 564-3791 ext. 4052		Federal Cash Request Expenditure Reimbursement
	J	Amber Skaggs (502) 564-3791 ext. 4035		
	Street Address	300 Sower Boulevard, 5 th Floor		Automatic Payment
	Budget Contact	Thelma Hawkins (502) 564-1979 ext. 4361		Lump Sum
	Street Address	300 Sower Boulevard, 5 th Floor		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
	,, ,	Cilifui Cii,	9	Reimbursement Frequency:
3	Description/Fund Sour	ce of Award and Fiscal Year:		· 1
	Description	FY17 Title I Part D, Subpart 2 Neglected & Delinquent		Monthly Quarterly
	Fund Source	Title I Part D, Subpart 2 Neglected & Delinquent		Other
	CFDA#	84.010A		
	PR/AWARD NUMBER (I	FAIN) S010A160017		
	MUNIS Project Number	r 314C	10	Financial Reporting Method:
	MOA Number	N/A		Electronic Submission CDIP
	Pass-through Number	310 <mark>0102-16</mark>		
				Other
4	Grant Authority (Source	ce): NCLB Title I, Part D, Subpart 2, 34 CFR PART 200 and the		
	Education Department	General Administrative Regulations (EDGAR) IN 34 CFR PARTS 76,		
		<u>Uniform Administrative Requirements, Cost Principles, and Audit</u>		
	Requirements for Fede	ral Awards in 2 CFR Part 200 and 3474.	00	1+6
		Commonw	all	Ш
5	Award Amount:		11	Evaluations:
	\$25,995.00			
6	Period of Award:			
	July 1, 2016 – September 30, 2018			
12	Consortia/Partnership		-4	
13		onditions: All funds must be spent or encumbered by September	30, 201	8. The final Federal Cash Request must be submitted by
	December 7, 2018.	-400		
14	Authorized By (Name/			Date: November 18, 2016
		Division of Consolidated Plans & Audits		